

MECHANICAL CONTRACTOR REGISTRATION APPLICATION

CITY OF LONGVIEW, TEXAS

WHEN REGISTERING AS A MECHANICAL CONTRACTOR WITH THE CITY OF LONGVIEW, TEXAS <u>PLEASE</u> APPEAR IN PERSON AND PROVIDE THE FOLLOWING:

COMPLETED APPLICATION

PROOF OF VALID STATE OF TEXAS MECHANICAL LICENSE (BRING ORIGINAL)

PROOF OF IDENTIFICATION (PICTURE I.D.)

REGISTRATION FEE OF \$50.00

A CERTIFICATE OF INSURANCE, MADE OUT TO THE CITY OF LONGVIEW, TEXAS CONTAINING PROOF OF STATE OF TEXAS INSURANCE COVERAGE (BRING ORIGINAL)

APPLICANT'S RESIDENTIAL INFORMATION

FIRST NAME:		M.I
LAST NAME:		
ADDRESS:		
CITY, STATE, ZIP:		
AREA CODE & PHONE:		
	APPLICANT'S BUSINESS INFORM	IATION
BUSINESS NAME:		
BUSINESS ADDRESS:		
CITY, STATE, ZIP:		
AREA CODE & PHONE:		
FAX:		EMAIL:
MOBILE:		
	TY OF LONGVIEW BUILDING INSPECTIC STRATION REQUIREMENTS.	ON DIVISION IF YOU NEED ASSISTANCE
SIGNATURE OF APPLICANT		DATE